

# REGISTERED ENVIRONMENTAL HEALTH SPECIALIST BIENNIAL RENEWAL APPLICATION

**Mail to:**

California Department of Health Services  
EHS Registration Program  
MS 7404  
PO Box 997413  
Sacramento, California 95899-7413

**REHS Number:**

Amount Due: \$ 92.00

After 1/31/2006: \$ 138.00

Retired Status: \$ 25.00

Amount enclosed: \_\_\_\_\_

**Make corrections as necessary:**

Name – Last		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address – Street/ PO Box		City	State	
Phone – work		Phone - home or cell		
E-mail address	Post-graduate degree	Field of Study		
Employer	Position/Title			

**You may qualify to renew your registration under a retired and inactive status. As retired and inactive you will not be permitted to use the title of Registered Environmental Health Specialist or REHS. In order to qualify you must meet all three of the following requirements:**

1. You are over 50 years old or collecting retirement benefits.
2. You have been registered in California as an REHS for at least 10 years or received on the job disabilities before the 10 years elapsed.
3. You currently are NOT employed in a position that requires registration.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION ON THIS RENEWAL FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

signature

date

**FOR CASHIER'S USE**

Environmental Health Specialist Registration Fund No. 335; 81215-4405-125600-02